



GRIEVANCE FORM

GRIEVANT INFORMATION	
STUDENT'S NAME	FATHER'S NAME
ENROLLMENT NO.	BRANCH/YEAR
HOME MAILING ADDRESS	MOBILE NUMBER (self & father)

DETAILS OF EVENT LEADING TO GRIEVANCE	
DATE, TIME, AND LOCATION OF EVENT	WITNESSES if applicable
ACCOUNT OF EVENT	VIOLATIONS
Provide a detailed account of the occurrence. Include the names of any additional persons involved.	Provide a list of any policies, procedures, or guidelines you believe have been violated in the event described.

PROPOSED SOLUTION

Please retain a copy of this form for your own records. As the grievant, please provide your signature below, as it indicates that the information you've included on this form is truthful.

SIGNATURES	
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STUDENT'S SIGNATURE	DATE

RECEIVED BY: PRINTED NAME AND SIGNATURE	DATE